

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)				SERIAL NO. <b>09/403224</b> APPLICANT(S) <b>09/403224</b>		FILING DATE	
CLAIMS							
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	
1	/					51	
2						52	
3	/					53	
4	3					54	
5	/					55	
6	/					56	
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41						91	
42						92	
43						93	
44						94	
45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
TOTAL IND.	/	1				TOTAL IND.	
TOTAL DEP.	7	2				TOTAL DEP.	
TOTAL CLAIMS	9	3				TOTAL CLAIMS	

PTO-1350 3-781

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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